



Radcliffe Education Committee.

ANNUAL REPORT

OF THE

School Medical Officer,

For the Year 1923.

JOHN M. GIBSON,

B.A., M.D., D.P.H.,

School Medical Officer.

RADCLIFFE PRINTING CO., LTD., CHURCH STREET.

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School Medical Officer :

JOHN M. GIBSON, B.A., M.D., D.P.H.

Dental Surgeon :

W: WRIGHT, L.D.S.

School Nurses :

Miss M. STEVENSON, Cert. R.S.I.

„ E. M. MATTHEWS, Cert. R.S.I.

Clerk (Part Time) :

Miss E. WORSLEY.



COUNCIL OFFICES,

RADCLIFFE,

February, 1924.

*To the Chairman and Members of the Radcliffe
Education Authority.*

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the School Medical Services in the District for the year 1923.

For the first two months of the year the duties of School Medical Officer were performed by Dr. D. P. M. Farquharson. From the date of his death at the end of February until I began duties on July 10th, the work was carried out by Dr. Wm. Church Mann.

In this, my first Annual Report, I wish to pay a tribute, first of all, to the work of my predecessor, Dr. Farquharson. His death was sudden and unexpected, but his work was so thorough, and his records so complete, that it was an easy matter to pick up the work where he had left off, and carry on the systems of examination and treatment which he had elaborated with such care and precision. I knew nothing about him until I came to Radcliffe, but I soon realised what a great interest he must have taken in all the children, and how much he had been beloved by them.

The arrangement of this Report is based on the Schedule to Form 6 M. of the Board of Education, December, 1920, and the Statistical Tables have been compiled according to the instructions contained in Circular 1321 of the Board of Education, December 27th, 1923.

I am, Ladies and Gentlemen,

Your obedient servant,

JOHN M. GIBSON,

School Medical Officer.

(1) SCHOOLS IN AREA.

There are 13 Elementary Schools in the Area (of which two are provided schools) and a Junior Technical School. The medical inspection of the pupils attending the Junior Technical School is under the control of the County Council.

The following tables give the name of each Elementary School, the average number on the books, the average attendance, the percentage of attendances lost through sickness, and other information.

MIXED DEPARTMENTS.

Number and Name of School.	No. of times School Open.	Average Attendance.	Average No. on Books, including Halftimers	Actual Percentage allowing 50 per cent for Halftimers	Attendances lost through Sickness.		Gross percentage including loss through Sickness.	Average No. of Halftimers.
					No.	Percentage.		
1 St. Andrew's	411	157	166	94·5	2670	3·9	98·4	...
2 St. Paul's Wesleyans.	414	188	204	92·1	4199	5·0	97·1	...
3 Central Council.....	418	312	336	93·0	5607	3·9	96·9	1
4 St. Thomas'	416	367	395	93·0	4344	2·6	95·6	1
5 St. Mary's.....	402	188	201	93·5	3010	3·7	97·2	...
6 Bridge Wesleyans ...	411	209	230	90·8	5365	5·7	96·5	...
7 St. John's	395	221	241	92·1	3618	3·7	95·8	2
8 New Jerusalem.....	419	122	136	90·0	4398	7·7	97·7	1
9 Stand Independents...	416	72	76	94·7	992	3·0	97·7	...
10 Radcliffe Hall C.E....	414	266	294	92·0	4386	3·5	95·5	9
11 Close Wesleyans	420	117	129	91·0	2413	4·5	95·5	1
Totals, 1923 .....	...	2219	2408	92·4	41002	3·8	96·2	15
Totals, 1922 .....	...	2211	2408	93·0	38655	3·6	96·6	61
Increase .....	...	8	...	...	2347	·2	...	...
Decrease .....	...	...	...	·6	...	...	·4	46

INFANTS' DEPARTMENTS.

Number and Name of School.	No. of times School Open.	OVER FIVE YEARS.						UNDER FIVE YEARS.			TOTALS.		Actual Percentage.	
		Av'rage Attend- ance.	Av'rage No. on Books.	Actual Percentage.	Attendances lost through Sickness.		Gross Percent'ge including loss thro' Sickness.	Av'rage Attend- ance.	Av'rage No. on Books.	Percent- age.	Av'rage Attend- ance.	Av'rage No. on Books.	This Year	Last Year
					No.	Per- centage.								
1 St. Andrew's.....	390	34	40	85.0	1861	11.7	96.7	14	21	66.6	48	61	78.6	76.7
2 St. Paul's Wesleyans.	380	50	60	83.3	2191	9.5	92.8	12	19	63.1	62	79	78.4	76.6
3 Central Council.....	418	73	83	87.9	2367	6.7	94.6	14	29	48.2	87	112	77.6	73.0
4 St. Thomas'	416	48	56	85.7	2434	10.3	96.0	17	35	48.5	65	91	71.4	70.0
5 St. Mary's	384	36	47	76.5	2590	14.3	90.8	8	16	50.0	44	63	69.8	70.1
6 Bridge Wesleyans ...	394	53	66	80.3	3010	11.5	91.8	7	15	46.6	60	81	74.0	71.6
7 St. John's.....	395	67	82	81.7	3869	11.8	93.5	9	20	45.0	76	102	74.5	71.5
8 New Jerusalem	402	22	26	84.6	1340	12.6	97.2	8	16	50.0	30	42	71.4	68.0
9 Stand Independents...	416	16	18	88.8	494	6.2	95.0	7	9	77.7	23	27	85.1	76.4
10 St. Anne's	376	33	34	97.0	213	2.4	99.4	17	28	60.7	50	62	80.6	82.3
11 Radcliffe Hall C.E. ...	414	50	57	87.7	2082	8.7	96.4	8	12	66.6	58	69	84.0	80.5
12 Close Wesleyans	420	20	25	80.0	1380	12.8	92.8	10	16	62.5	30	41	73.1	68.8
13 Bolton Road Council	412	71	77	92.2	1912	5.8	98.0	17	26	65.3	88	103	85.4	86.7
Totals, 1923.....	...	573	671	85.3	25743	7.7	93.0	148	262	56.4	721	933	77.2	75.0
Totals, 1922.....	...	620	716	86.5	25978	6.8	93.3	183	354	51.6	803	1070	75.0	
Increase .....	...	...	...	...	...	.9	...	...	...	4.8	...	...	2.2	
Decrease .....	...	47	45	1.2	235	...	.3	35	92	...	82	137		

(2) SCHOOL MEDICAL SERVICE STAFF.

School Medical Officer: John M. Gibson, B.A., M.D., D.P.H. Appointed July 10th, 1923. Also Medical Officer of Health. Whole time appointment. Salary as School Medical Officer, £400.

Dental Surgeon: William Wright, L.D.S. Appointed 1st November, 1912. Attends two days (Wednesday and Thursday) each week during school sessions. Salary, £230.

School Nurses: (1) Miss Mary Stevenson, Certified Nurse. Health Visitor's Certificate, R.S.I. Whole-time employment. Appointed 17th November, 1919. Salary (with bonus), £180 19s. 11d. (2) Miss Ellen M. Matthews, Certified Nurse. Health Visitor's Certificate, R.S.I. Whole-time employment. Appointed 20th June, 1921. Salary (with bonus), £166 10s.

Clerk: (Post vacant at end of year.) Two-thirds of whole time devoted to School Medical Work.

(3) CO-ORDINATION.

Arrangements for the co-ordination of the work of the School Medical Service with that of other health services.

(a) CO-ORDINATION WITH INFANT AND CHILD WELFARE.

The Health Visitor devotes the whole of her time to maternity and child welfare work, and the two School Nurses are engaged at school medical work only. However, as your School Medical Officer is also Medical Officer of Health, there is no lack of co-ordination, and the records of defective children kept by the Health Visitor become available to the School Medical Service when the children enter school.

(b) CO-ORDINATION WITH NURSERY SCHOOLS.

There are none in the Area.

(c) THE CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

The Health Visitor visits all children under school age and pays special attention to any who are known to be debilitated.

Apart from this, no organisation exists for the care of these children. Since the age for admission of children to school has been raised to $4\frac{1}{2}$ years, the Health Visitor has been finding it more difficult to keep in touch with all children under school age, and it is now suggested that one of the School Nurses should devote a part of her time (say one quarter) to visiting these children, so that the supervision of all children may be as close as possible from the date of their birth until the time when they leave school.

(4) **SCHOOL HYGIENE.**

School Hygiene, in all its branches, is a matter which I consider of the utmost importance and one which I am sorry to say is not receiving the full attention which it demands. In this report I do not wish to make comparisons between one school and another, or to mention the schools where conditions are seen at their worst. I desire merely to point out, in a general way, those matters which call loudest for attention, and trust that they will be remedied during the present year.

(1) **PLAYGROUNDS.**

The condition of the playgrounds is in some cases very poor. I am aware that this is fully appreciated by the Managers of the schools concerned and that improvements have been suggested but deferred on account of expense. In a matter of this kind, however, where the comfort and health of the children are at stake, I would urge even in these days of financial difficulties that good playgrounds should be provided at every school. A dirty playground produces wet feet and frequent colds; it makes the interior of the school muddy in winter and dusty in summer, and for a considerable part of the year it limits or renders impossible drill, or physical exercises, in the open air.

(2) **SANITARY CONVENIENCES.**

These are all on the water carriage system and with care would be quite satisfactory, but they are not all receiving that attention which they require. They need more thorough cleansing and more frequent flushing. At some of the schools, where the trough system of closets is in use, flushing is being done

only *once a week*. Arrangements should be made to have the closets flushed at least twice a day, and the urinals once a day.

(3) VENTILATION.

Most of the schools are well fitted with Tobin tubes, fanlights, ventilating turrets, &c., but at some of the schools more of the windows should be made to open. In this connection I would draw attention to the obvious fact that ventilating inlets and outlets can only be effective when open, and I would urge that they should be kept open as much as possible. Fresh air inhibits the spread of infectious disease, it raises the general tone of the body, and it increases the capacity for work. A considerable number of Education Authorities are now providing open-air day schools and open-air class rooms in which one side of the room is quite open to the outside air; it has been found that, under such conditions, children improve mentally and physically. Our aim should be to make all our class rooms approach the open-air standard as nearly as possible by admitting all the sunshine and fresh air that we can.

(4) CLEANLINESS OF SCHOOL BUILDINGS.

Some of the schools are far ahead of others in this respect, but even in the best of them, the general cleaning of the school premises and all their annexae is nothing like so thorough as it should be. Floors and desks are seldom scrubbed, and dusting is greatly neglected. When looking through the School Medical Reports for previous years I find that the general lack of cleanliness in the schools has been frequently pointed out. Indeed, in every report since he became your first School Medical Officer in 1908, Dr. Farquharson pointed out such defects and called for more attention to be paid to such matters. He was absent on war service from 1915 to 1919. The following are extracts from the reports of other years:—

1908 : “ The floor was dirty and gritty, while the ledges, maps and diagrams on the walls were covered with dust.”

1909 : “ Floors are scrubbed only three times a year. This is entirely inadequate to secure cleanliness so essential to the health of the children.”

1910 : (1) “ All school yards should be paved. It has been pointed out again and again that, with unpaved yards, the schools cannot be kept clean and free from dust.”
 (2) “ The schools should be kept clean. An endeavour should be made to scrub the floors and wash the furniture at least once a month.”

1911 : “ No marked improvement in the cleanliness of the schools has resulted.”

1912 : “ The standard of cleanliness has not been much improved. It is, however, impossible to keep the schools as they should be kept as long as the yards are left unpaved.

1913 : “ The standard of cleanliness throughout the schools is not a high one.”

1914 : “ There are no improvements to record for the past year.”

1920 : “ Greater attention generally to the cleansing and regular flushing of the sanitary conveniences in all the schools is required.”

1921 (Dr. Farquharson's last complete report) : “ The unsatisfactory standard of cleanliness prevailing in the schools in the Area, and to which reference has been made frequently in various reports, still obtains. The floors in all the schools are in a dirty condition practically all the year round. This cannot be otherwise when they are washed only three or four times a year, while the school premises are in daily use for other purposes in addition to school work. In many schools the dust lies thick on ledges, picture frames, map rollers, lamp shades, and every place it can find a lodgement. The condition is one that calls for remedy.”

Such are the reports of your late Medical Officer over the whole of ~~his~~^{the} period since his appointment in 1908. I sincerely trust that an effort will be made to have this remedied *now* and that, as the years go past, my annual reports on school cleanliness will be able to record progress. Impossibilities are not asked for.

All that is desired in the school is that standard of cleanliness which exists in most houses to-day and which as Medical Officer of Health I would like to see in every home in the district.

I urge cleanliness in the school chiefly with a view to raising eventually the standard of cleanliness in the home. If a child is brought up in a dirty overcrowded house and attends a school where no one seems to care if the floor and windows are dirty and dust is seldom disturbed, then that child will in later life be quite content with a very low standard of cleanliness. We can do little to improve the home life of such a child—even the provision of a new house will not obliterate dirty habits,—but we can and should teach cleanliness in the school. In this connection, I suggest that children might be taught to assist in the cleansing of their class rooms. I am aware that some teachers are strongly opposed to this, but I offer it as a suggestion, for I know schools where it is done with marked success. Children are shown how to keep their schools clean, they are taught the necessity for doing so, and then they experience the sense of comfort to be derived from perfectly clean surroundings. By working on these lines we may hope to improve the condition of their present homes, and it may be, obtain perfection in their future homes.

(5) ARRANGEMENTS AND METHODS ADOPTED FOR THE MEDICAL INSPECTION OF SCHOOL WORK.

(a) *Age groups of the children inspected.*

The groups of children examined at the routine inspections were :—

- (1) Entrants, age 6, or under if they had not previously been examined as entrants.
- (2) Intermediate, age 8.
- (3) Leavers, age 12, or over, if they had not previously been examined as leavers.

The numbers inspected under the above groups, the number of specials examined at the schools, or at the Clinic, and the numbers re-examined, are shown in Table I. of the Tables at the end of the Report.

It will be observed that the number of entrants examined is proportionately small. The explanation is that the age for admission to school was raised during the year. No children under $4\frac{1}{2}$ years were admitted to school since last Easter and consequently the number of entrants during the past nine months has been much under the average.

(b) *The Board's Schedule of Medical Inspection is followed in detail.*

(c) *Steps taken to secure the early ascertainment of crippling defects.*

From birth, until they enter school, all children are under the supervision of the Health Visitor and any crippling defects are at once reported. Then on entering school children are medically examined during their first year, and every year subsequently, if not examined as routines, they are seen in the march past, so that any crippling defect is soon observed. Again, children absent from school for reasons of ill-health are reported to the medical department by the School Attendance Officers and visited by the School Nurses. In this way defects of all kinds, including crippling defects, are quickly brought to notice.

(6) FINDINGS OF THE MEDICAL INSPECTION.

(a) *Uncleanliness.*

Out of 2,546 children examined at the school medical inspections, 78 or 3.1 per cent. were found to be verminous. On looking up previous reports I find that in 1922 the percentage of children found with dirty heads was 8.1, and in 1921 it was 8.6, but these figures can hardly be compared with this year's percentage, as the term "dirty" is more comprehensive than "verminous." However, judging from the Nurses' figures, it appears that the standard of cleanliness is improving. In 1922 the School Nurses made 8,329 examinations at the schools for cleanliness, and found 590 children unclean. During the past year they made 8,930 examinations and the number found unclean was 279, representing 103 individual children. While improving, these figures are still far from satisfactory. Indeed I shall never be satisfied until the percentage of verminous children is reduced to nil, for this is a condition which is preventable and should be prevented. It

causes much suffering to the children concerned, it leads to impetigo and other skin diseases, and by disturbing sleep it retards mental and physical progress. All children found to be verminous are now excluded from school until cleansed. This impresses on parents that something must be done at once, and besides it is only fair to the clean children of a class that such a source of infection should be removed from their midst. As a rule such children are cleansed at their homes at once, but in the case of 29 children it was found necessary to take them to the School Clinic and cleanse them there. As in many other areas, it has been observed that they are mostly the same children, or at any rate children from the same homes, who are found to be verminous at all inspections. It will be seen that at the Nurses' inspection 103 children were found to be verminous 279 times. It is our intention during the present year to keep all these children under very close supervision, and every effort will be made to have them properly cared for. If everything else fails, I hope the Education Authority will be prepared to prosecute under Section 122 of the Children's Act, 1908, which states that if parents (or guardians) allow a child to again become verminous after being cleansed by the Local Authority, then they render themselves liable on summary conviction to a fine not exceeding ten shillings.

(b) *Minor Ailments.*

It will be seen from Table IV. that 387 cases of minor ailments were dealt with during the year. The majority of these were treated at the School Clinic, only 29 being treated by their own doctors. Twenty-nine out of 387 may seem at first sight a very small percentage to be treated by the family doctor, but it must be remembered that the diseases included under this heading—blepharitis, conjunctivitis, skin diseases, &c.—are those which are extremely uncommon among well-cared for children. They are chiefly found among children whose parents at the present time cannot pay for medical treatment, and the probability is that if they were not treated at the Clinic they would not be treated at all.

(c) *Tonsils and Adenoids.*

The cases of these were 95 referred for treatment and 219 referred for observation. Of the 95 for whom treatment was

advised, 38 were routines, which represent 5.4 per cent. of the total number examined. The percentages of routines referred for treatment during the past three years were 10.1, 4.2, and 6.5 respectively. The question of treatment is discussed later.

(d) *Tuberculosis.*

No definite cases of pulmonary tuberculosis were discovered during the year at the school inspections. Three suspicious cases were found and are being closely watched. Of the non-pulmonary cases, the majority were cases of tubercular cervical glands. The seats of infection in the other cases were hip joint (2), spine (1), knee (1), ankle (1), and skin of face (1).

(e) *Skin Diseases.*

These have been referred to under Minor Ailments. The numbers are very similar to those recorded during the past few years. Scabies is the one condition which shows a steady decline year by year. It will be seen in Table II. that the only large figures recorded are under Impetigo and "Other Diseases," including such conditions as boils, eczema, &c.

(f) *External Eye Diseases.*

The number referred for treatment in this group (78) compares with 63 in 1922 and 47 in 1921. This does not necessarily mean that the amount of external eye disease is increasing—in fact it seems to be decreasing, for the number of routines referred for treatment last year was one-half the number referred for treatment in 1922 and 1921. The increase in the total numbers merely indicates that more and more of the children who get any of these diseases attend the Clinic for treatment and so get included in our statistics.

(g) *Vision.*

As the children who are not treated in any year are carried over into the following year as specials, we have to consider only the routines to get a fair idea of the percentage of any defect in the Area. Of the 704 routines 40, or 5.7 per cent., were found to have defective vision, 3.1 per cent. having been referred for

treatment. These figures compare very favourably with those of other Areas. Out of a list of 24 representative Areas whose findings of defective vision are quoted in Sir George Newman's report for 1922, 21 show a higher percentage and only three a lower. Before assuming from this that the standard of vision here is exceptionally high one must remember that omitted from these figures are those children who have had defective vision, but whose vision is now normal with glasses. In this Area all refraction work has been done free of charge since the year 1910 and so it is probable that the percentage of children who have had their vision brought up to normal by the aid of glasses is higher than in many Areas.

The following is a list of the defects found in the 51 children examined at the Eye Clinic during the year :—

Myopia	7
Hypermetropia	14
Myopic Astigmatism	3
Hypermetropic Astigmatism... ..	17
Mixed Astigmatism... ..	4
Blepharospasm (no refractive error)	1
Corneal Opacities (refraction impossible)	1
Anisometropia (no glasses ordered)... ..	1
Congenital Coloboma... ..	1
Squint	1
Choroiditis (no refractive error)... ..	1

(h) *Ear Disease and Hearing.*

Defects under this heading are included in Minor Ailments.

(i) *Dental Defects.*

These are dealt with in a report by the Dental Surgeon. The 11 cases shown as referred for treatment in Table II. were cases of very bad oral sepsis. They were children who had previously refused to go to the Dental Clinic, and at the end of the year I find that, out of the 11, only three have had anything done.

I notice that at his inspections the Dental Surgeon refers a large percentage of the children for treatment. It must not be

assumed from this that the teeth generally are in a very bad condition, for this is not the case. By careful examination the Dentist finds one or more teeth which require attention in nearly every child, but, as a rule, the defects are slight.

(j) *Crippling Defects.*

The register which is kept of children suffering from crippling defects shows 25 names. An analysis of the cases and the causes of the defects are given in the following table :—

Defects	No. of Cases.	Cause.
Paralysis of one arm	2	Infantile Paralysis.
„ „ one leg	4	„ „
„ „ rt. arm and leg	2	„ „
„ „ both legs	1	Hydrocephalus.
Ankylosis of elbow joint ...	1	Injury.
Deformed legs	6	Rickets.
Ankylosis of jaw	1	Congenital.
Stiff knee... ..	3	Tuberculosis.
Deformed hip	2	„
Stiff ankle	1	„
Deformed spine	2	„

(7) INFECTIOUS DISEASES.

The amount of Infectious Disease in the District during the year has been comparatively small. In the early part of the year Measles and Whooping Cough were prevalent and it was considered advisable to close some of the Infants' Schools to prevent a spread of infection. Three schools were closed for two weeks, and one for four weeks. It has not been necessary to close any of the schools during the past seven months. As Measles, Whooping Cough, Influenza, and Mumps are not notifiable diseases the exact number of cases in the Area is not known, but 32 cases of Scarlet Fever and nine of Diphtheria were notified. The tables below show the monthly incidence and school distribution. They show that the cases have been very much scattered, and that the schools have not been responsible to any appreciable extent for the spread of infection.

MONTHLY INCIDENCE AND SCHOOL DISTRIBUTION OF SCARLET FEVER.

	Jan.	Feb.	Mar.	April	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
St. Andrew's.....	..	1	..	..	1	..	..	2	..	1	..	..	5
St. Paul's .....	..	1	..	1	4	1	..	..	..	..	..	..	7
Central Council .....	..	..	..	..	..	..	..	..	..	..	..	..	0
St. Thomas's .....	..	..	1	..	..	2	..	..	..	..	1	..	4
St. Mary's .....	..	..	..	..	..	2	..	..	..	..	..	..	2
Bridge Wesleyans	1	..	..	1	1	1	..	..	1	..	1	..	6
St. John's	2	..	..	..	..	..	..	..	..	..	..	..	2
New Jerusalem .....	..	..	..	..	..	..	..	..	..	..	..	..	0
Stand Independents ..	..	..	..	..	..	..	1	..	..	2	..	..	3
St. Anne's.....	..	..	..	..	..	..	..	..	..	..	..	..	0
Radcliffe Hall National	..	..	..	..	..	..	..	..	..	..	..	..	0
Close Wesleyan .....	..	..	..	..	..	..	..	..	..	..	..	..	0
Bolton Road.....	..	..	..	..	..	..	..	..	..	..	..	..	0
Schools Outside District	1	..	..	..	..	..	..	..	..	..	2	..	3
	4	2	1	2	6	6	1	2	1	3	4	..	32

MONTHLY INCIDENCE AND SCHOOL DISTRIBUTION OF DIPHTHERIA.

	Jan.	Feb.	Mar.	April	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
St. Andrew's.....	0
St. Paul's	0
Central Council	1	..	..	..	..	..	..	..	2	..	3
St. Thomas's	1	..	..	..	..	..	..	..	..	..	..	1
St. Mary's	0
Bridge Wesleyans	1	..	..	..	..	..	1	..	1	..	..	..	3
St. John's	0
New Jerusalem	0
Stand Independents	0
St. Anne's.....	0
Radcliffe Hall National	1	..	..	..	..	..	..	1	..	..	2
Close Wesleyans.....	0
Bolton Road.....	0
	1	1	2	0	0	0	1	0	1	1	2	0	9

(8) FOLLOWING UP OF CHILDREN SUFFERING FROM DEFECTS.

Immediately after the school medical inspections notices are sent to the parents of those children who are found to have defects requiring treatment, and at a later date the homes are visited by the School Nurses unless it has been ascertained in the meantime that the defects notified have received attention.

By an arrangement with the School Attendance Officers, all children absent from school on account of sickness are at once notified, and they are visited by the School Nurses. This I consider one of the most important of the Nurses' duties. By visiting the homes at an early stage of an illness, they are often able to give valuable advice, delay in sending for the family doctor, or in carrying out treatment for some minor ailment, is avoided, and undoubtedly illness and suffering are thereby curtailed.

Below is a summary of the following up visits paid by the Nurses during the year :—

Minor Injuries	87
Uncleanliness : Head	94
„ Body	11
Ringworm : Head	8
„ Body	2
Scabies	8
Impetigo	56
Other Skin Diseases	20
Defective Vision	175
Squint	14
External Eye Disease... ..	37
Otitis	4
Enlarged Tonsils	52
Adenoids	3
Tonsils and Adenoids... ..	217
Other Diseases of Nose and Throat	21
Enlarged Glands	3
„ Thyroid	3
Anæmia	5
Bronchitis... ..	51
Colds, Coughs, &c.	327
Influenza	73
Chicken Pox	5
Whooping Cough	26
Mumps	13
Measles	39
Defective Teeth	172
Other Defects and Diseases... ..	338
Visits to Schools	351
Total	<u>2215</u>

(9) MEDICAL TREATMENT.

As far as possible treatment of all defects is carried out by the family doctor. The two classes of children for whom treatment is provided are (1) those suffering from defects of such a kind that the family doctor does not wish to undertake their treatment and (2) those whose parents cannot reasonably be expected to pay for treatment on account of their financial circumstances.

Most of the children treated by the Local Authority are included in the latter group. It is only equitable that those who are in a position to pay for treatment should do so and the Board of Education have been urging for some years that, when an Education Authority provides treatment, payment should be demanded from all who can afford to pay. The Board now insist on payment in such cases and, in accordance with their suggestion, a scale of incomes, varying according to the size of family, has been prepared, and all whose incomes exceed that scale must pay for treatment. The following notice is now fixed in a conspicuous place at the School Clinic :—

NOTICE.

RADCLIFFE EDUCATION AUTHORITY.

SCHOOL CLINIC.

To comply with the requirements of the Board of Education, the Local Education Authority has drawn up the following scale of charges and conditions of free treatment, which have been approved by the Board of Education, and ordered to be brought into operation.

(a) That free treatment at the Clinic be allowed to scholars in families where the nett total income from all sources, after deducting such compulsory expenditure as rent, rates, taxes, and employment and health insurance, is below the following scale :—

Number of persons in family	Nett total income (all sources).	
	s.	d.
1	25	0
2	35	0
3	41	0
4	46	0
5	51	0
6	55	6
7	60	0
8	64	0
9	67	6
10	70	0

(b) That, in families where the nett total income from all sources exceeds the appropriate income set out in the above scale, the following charges be made in respect of the medical treatment of scholars.

Treatment.	Scale of charges.
For minor ailments.—No charge for the first two weeks, 1s. a month after.	
Provision of spectacles.—Cost price to Authority.	
Dentistry.—1s. a month while under treatment.	
Operations for tonsils or adenoids.—Minimum charge, 5s.; maximum charge, 30s.	
X-Ray treatment.—Minimum charge, 10s.; maximum charge, 42s.	

Parents are asked to contribute something towards the cost of treatment, and for this purpose a box for voluntary contributions is placed in the clinic. Those who are paying the fixed charges in accordance with the scale are also asked to contribute over and above such charges, as the cost to the Authority is much greater than the scale.

To provide treatment for every child attending the School Clinic the actual cost is about 1s. 2d. per attendance.

To provide dental treatment the cost is about 2s. 1d. per attendance.

(a) *Minor Ailments.*

The majority of the minor ailments recorded in Tables I. and IV. were treated at the School Clinic. The Clinic is open every morning during the school sessions, and the following table shows the number of cases treated or examined during the year :—

Defect or Disease.	Cases.	Attendances.
MINOR INJURIES	99	548
MALNUTRITION	1	1
UNCLEANLINESS : Head	48	112
Body	6	6
SKIN : Ringworm : Head	10	183
Ringworm : Body	3	16
Scabies	7	78
Impetigo.....	71	543
Other Diseases (Non-Tubercular)	49	546
EYE : Blepharitis	21	174
Conjunctivitis	24	202
Keratitis	3	19
Corneal Ulcer	3	12
Corneal Opacities.....	..	..
Defective Vision	16	40
Squint.....	7	16
Other Conditions	9	30
EAR : Defective Hearing	6	25
Otitis Media	32	444
Other Ear Diseases	1	1
NOSE AND THROAT :		
Enlarged Tonsils.....	3	6
Adenoids.....	1	1
Enlarged Tonsils and Adenoids	14	19
Other Conditions.....	8	57
ENLARGED CERVICAL GLANDS (Non-Tubercular)	6	31
DEFECTIVE SPEECH.....	..	..
HEART AND CIRCULATION :		
Heart Disease : Organic.....	3	5
Functional .....	..	3
Anæmia	3	8
LUNGS : Bronchitis	6	11
Other Non-Tubercular Diseases	2	2
TUBERCULOSIS :		
Pulmonary :		
Definite .....	..	..
Suspected .....	..	..
Non-Pulmonary :		
Glands.....	..	..
Spine .....	..	..
Hip	1	1
Other Bones and Joints	1	3
Skin.....	..	..
Other Forms.....	..	..
NERVOUS SYSTEM :		
Epilepsy.....	..	..
Chorea .....	..	..
Other Conditions .....	..	..
DEFORMITIES :		
Rickets .....	..	..
Spinal Curvature.....	..	..
Other Forms.....	3	4
OTHER DEFECTS AND DISEASES	16	30
BROUGHT FOR EXAMINATION (No Defect Found) ..	7	10
	490	3187

(b) *Tonsils and Adenoids.*

Of the 95 children for whom treatment was advised last year 43, or roughly one-half, received treatment. Four were operated on by their own doctors, 36 had operations under the Authority's scheme, and the remaining three had other treatment from their family doctors; 20 refused to have anything done, and with the remainder it was a case of promising to have something done sometime.

There is more difficulty in getting treatment carried out for conditions of this kind than for any other defect, probably because the word operation always produces a feeling of dread. Where operation has been performed and parents see for themselves how much their children have benefited they are always most thankful for the advice which was given, but beforehand there is always the feeling of anxiety which leads some to refuse operation. It is this dread of operation which drives so many to try some of the so-called "cures" which are much advertised—the result is a lot of money spent and nothing gained.

Children treated under the Local Authority's scheme are operated on at the Children's Hospital, Manchester. This arrangement has been in operation for several years, and is quite satisfactory. When possible all the children are treated as in-patients. During the past year only one child returned home on the day of operation, probably at the request of the parents. The others were detained for three or more days in hospital. The total cost to the Authority for the treatment provided was £53 15s.

(c) *Tuberculosis.*

All children found to be suffering from Tuberculosis are notified to the County Authorities and treatment is arranged by them. Where the condition is considered infectious, the children are of course excluded from school.

(d) *Skin Disease, External Eye Disease, and Ear Disease.*

The arrangements for the treatment of these defects are as described under Minor Ailments. The only condition for which special treatment is available is Ringworm. Children suffering

from this disease may be sent for X ray treatment to the Manchester Skin Hospital, the fee for a course of treatment being two guineas. It was not found necessary to send any cases for X ray treatment during the year.

(e) *Vision.*

From the beginning of the year until July 10th, cases of Defective Vision were examined by Dr. J. W. Smith. Since that date all refraction work has been carried out by the School Medical Officer. The Eye Clinic is opened once or twice a week, according to the number of cases awaiting examination. Of the 68 cases referred for treatment on account of defective vision or squint, 51 were examined at the Clinic and four elsewhere. Out of 48 for whom glasses were ordered, 43 obtained glasses, 10 obtaining them at the expense of the Local Authority. The total cost of the glasses provided by the Education Authority was £2 18s. 9d., being an average of 5s. 10½d. per case.

Two cases of Squint were sent to the Bury Infirmary and were operated on with good results.

(f) *Dental Defects.*

The Dental Officer, Mr. William Wright, L.D.S., reports as follows :—

“ During the year 1923 we had 2,924 attendances at the Dental Clinic, the number of fillings being 1,051.

Extractions number 3,220, only 256 being permanent teeth, most of which have been the first permanent molar.

I wish to say the early dental treatment of school children is an absolute necessity. I have not done any root fillings in permanent molars, as I think by now it is generally admitted there is a certain amount of risk in carrying out this treatment, as asepsis cannot in many cases of root treatment be satisfactorily accomplished, which emphasises the importance of early attention and treatment.

The total number of scalings and cleanings is 309. This seems rather a large number, but the use of a brush, I am afraid, in many homes is a minor quantity, and I

doubt whether the tooth brush does all that it is claimed to do. I have seen so many cases where the teeth were in excellent condition when the tooth brush had never been used.

I have to admit that the use of the tooth brush gives a clean and refreshing feeling, but I have my doubts as to its value in the prevention of dental caries, therefore I have scaled and cleaned the teeth of those children whom I considered most in the need."

(g) *Crippling Defects and Orthopaedics.*

The Local Education Authority has no scheme for the surgical treatment of crippling defects. A few children may receive treatment at the Bury and Manchester Hospitals, but there is always difficulty in getting cases of this kind admitted to a general hospital, for they are tedious cases and often need treatment of a very specialised kind, requiring costly apparatus. Of those who were referred for treatment last year none, with the exception of two active tubercular cases, received surgical treatment, and it is doubtful if any of them will do so unless arrangements for their treatment are made by the Education Authority.

Crippled children always receive our sympathy, but that will not lessen their physical defects—they need treatment. Moreover treatment to be entirely successful must be available as soon as ever the defects become first apparent. I don't mean to suggest that long-standing defects cannot be improved, for it is perfectly wonderful to study the excellent results which are being obtained in Orthopaedic Hospitals at the present time, but experience shows that the earlier the cripple receives treatment, the easier and therefore less costly is the treatment required and the better is the prospect of cure.

As soon as finance will permit of it, I would suggest that an arrangement should be made with one of the special Orthopaedic Hospitals to accept a small number of our cases annually. This is not quite so simple a matter as it appears, for with such cases the after care, including plaster work, re-education of muscles, &c., is just as important as the surgical treatment in hospital. However, with a little foresight that could be arranged, and I am

certain that if a scheme of this kind be adopted, the results obtained will amply justify the expense entailed.

(10) OPEN AIR EDUCATION.

With the exception of a few school journeys, for which no definite scheme has been arranged, there are no facilities for open air education.

(11) PHYSICAL TRAINING.

There is no Organiser of Physical Drill, but many of the teachers have attended a physical drill course and, where the playgrounds are suitable, good instruction is given to the children. The names of any children unfit for drill on account of physical defects are given to the Head Teacher after each School Inspection and attention is also directed to those who would benefit by special exercises.

(12) PROVISION OF MEALS.

Owing to the prevalence of unemployment and general financial depression throughout the year, the provision of meals to necessitous children was continued, but the numbers did not necessitate the opening of feeding centres such as were used in 1921. The children were fed at restaurants convenient to their schools—a more satisfactory arrangement when the catering is for comparatively small numbers. In some of the places the serving of food might be described as rough and ready, but good food is given and the supply is liberal. Meals are provided five days per week and continued during school holidays. During the year 113 individual children were supplied with meals, the number of breakfasts being 7,860 and dinners 7,920, giving a total of 15,780 meals. This compares with 16,036 meals in 1922, and 33,671 in 1921. The cost of the meals was 5d. for breakfast and 7d. for dinner.

The provision of meals was approved by the Board of Education, primarily on medical grounds, and undoubtedly it has been a great boon to many children. During periods of unemployment and financial difficulty in past years children were the chief sufferers. Being deprived of sufficient nourishment, their vitality was quickly lowered, and many succumbed to disease, or had

their health permanently damaged. I am glad to say that during the period of trade depression through which we are passing at present, the children are not suffering to any appreciable extent, thanks, without a doubt, to the help which is given by various organisations — official and non-official. The unemployment benefit, the provision of meals for school children, the help given by charitable organisations, have all played their part in relieving distress and maintaining the nutrition and general good health of the children.

Boys' Height and Weight in 1923.

Age Group.	Number of Exams.	Average Centimetres.	Average in other Urban Areas.	Average Kilograms	Average in other Urban Areas.
3	7	95·4	91·3	14·3	14·74
4	29	101·6	97·7	16·4	16·10
5	33	105·23	102·7	18·7	17·34
6	5	113·7	107·5	19·3	19·31
8	136	131·4	119·0	25·8	22·75
12	107	139·0	138·9	32·5	32·45
13	18	142·7	142·4	34·9	35·03

Girls' Height and Weight in 1923.

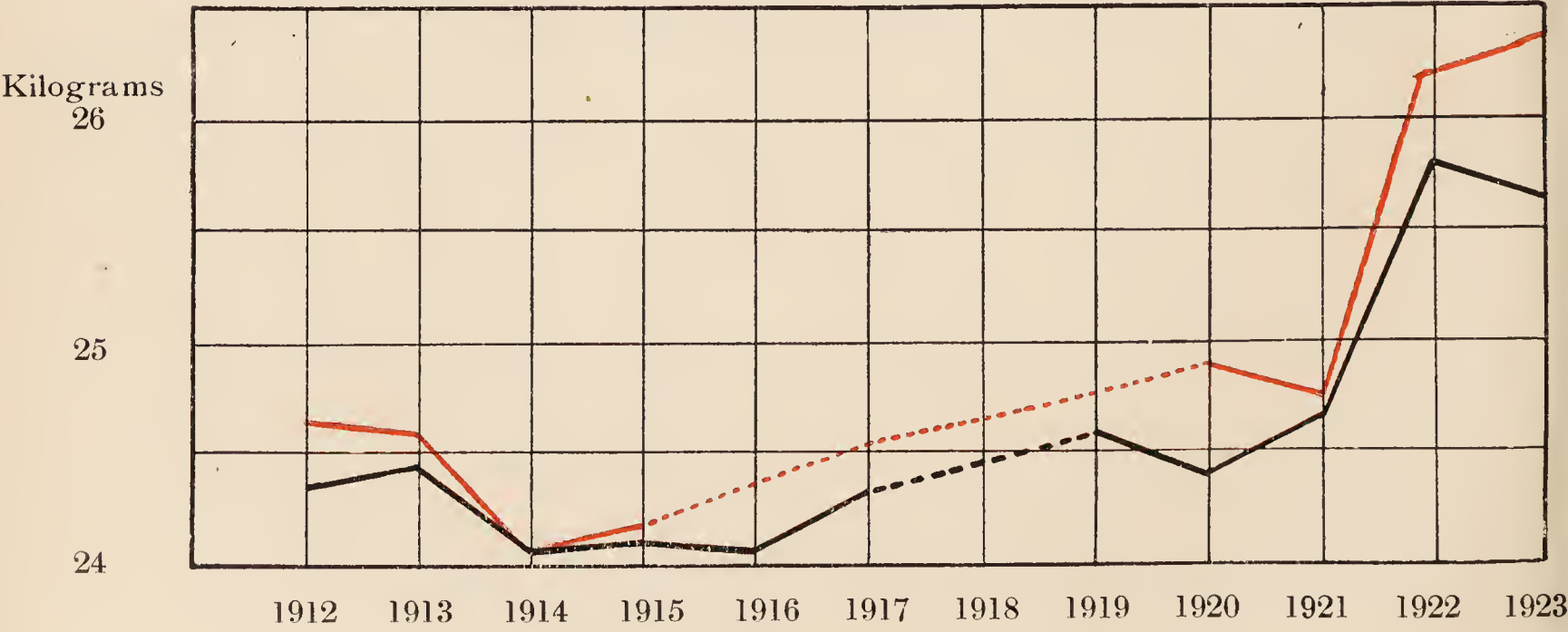
Age Group	Number of Exams.	Average Centimetres.	Average in other Urban Areas.	Average Kilograms	Average in other Urban Areas.
3	8	94·0	90·9	14·6	14·29
4	23	99·0	96·7	15·6	15·69
5	21	105·6	102·0	17·0	16·92
6	7	112·0	107·2	19·0	18·44
8	158	120·8	117·5	22·9	22·18
12	125	141·3	139·3	34·1	32·79
13	17	142·5	144·0	35·3	35·94

Above is a table showing the heights and weights of the children examined last year at the routine examinations. To get a fair comparison with other years I have considered the age groups, 5, 6, 8, 12 and 13, and having ascertained the average weight for each of these ages (boys and girls separately) I have taken an average of the five weights together. This average compared with a similar average for previous years gives, I believe, a fairly true comparison of the nutritional state of the children during these years. The results obtained in this way are as follows :—

Year.	Average Weight in Kilograms.	
	Boys.	Girls.
1912	24·58	24·34
1913	24·55	24·42
1914	24·01	24·04
1915	24·11	24·10
1916 ... (Records not complete) ...		24·09
1917	24·53	24·33
1918 ... (Records not complete) ...		—
1919 ... (Records not complete) ...		24·60
1920	24·9	24·40
1921	24·74	24·64
1922	26·14	25·72
1923	26·24	25·66

BOYS—RED.

GIRLS—BLACK.



These figures are so remarkable that I have drawn a curve to illustrate them. The first point to which I would draw attention is the fall during the war. The fall is small, but I think quite appreciable. An interesting thing about it is that the greatest fall is recorded in 1914, when there was plenty of food, and the curve rises quickly again until in 1917—when food rationing was universal—practically the same weights are recorded as in 1912. The fall in 1914 can only be explained by believing that the anxiety which was experienced at the commencement of the war was reflected in some way to the children and influenced their state of nutrition. As is well known, however, children soon get acclimatised to their surroundings or circumstances, and the later stages of the war evidently did not have the same effect on their nervous condition.

The second point I wish to draw attention to in this curve is the marked rise recorded in the last two years. The increase in weights in these two years is so remarkable that it is difficult to offer an explanation, but it certainly proves what I have already said, that the children as a whole have not suffered as a result of unemployment. I wish I could say the same about their parents. Many of them have suffered very much, but to their credit be it said they have done what they could for their children.

On looking over earlier School Medical Reports, I find references to the “apparent lower standard in heights and weights obtaining among Radcliffe children compared with the children in other areas.” It will be seen from the above tables that our standard now compares very favourably with the averages of other districts. The chief increases I note have been among the 8, 12, and 13 groups. It seems reasonable to claim that at least a part of the improvement may be due to the efforts of the School Medical Service. In the case of the older children, some of the gain is no doubt due to the attention that has been directed to the employment of children and the reduction in the numbers employed since the adoption in 1921 of the Bye-Laws regulating the employment of children under the Employment of Children Act, 1903, and the Education Act, 1918.

(13) SCHOOL BATHS.

None of the schools in the Area have baths on the school premises, but school children from 10 years of age and upwards are admitted to the Public Baths one day a week free of charge. This is an excellent arrangement as far as it goes, but regarded from a health point of view, it requires to be extended. The limitations which call for consideration are as follows :—

- (a) As soon as a child can swim one length of the bath, he or she is precluded from further free admission.
- (b) No provision is made for children under 10 years of age.
- (c) The baths are not open for use in the winter months.

(14) CO-OPERATION OF PARENTS.

Only 50 attended the school medical inspections during the year, but the interest of the parents is much greater than these numbers would suggest. Many attend the School Clinic, and advice regarding treatment is as a rule welcomed and followed. The number who refuse to carry out treatment is small. Persuasion is needed chiefly for Tonsils and Adenoids operations, extractions of teeth and the provision of glasses.

(15) CO-OPERATION OF TEACHERS.

At the school medical inspections every assistance possible is given by all the teachers and their help is much appreciated. I hope I am not detracting from that appreciation when I suggest that in some cases more use might be made of the School Clinic. Many skin conditions such as Impetigo, Ringworm, &c., are evident to all and, if treated at once, are quickly cured.

(16) CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

As already mentioned, all cases of sickness discovered by the School Attendance Officers are at once reported so that they may be investigated by the School Nurses. When looking up these children, the Nurses make it clear that they are not visiting the homes with a view to getting the children to school, but that their visit is primarily to help the children, and give the parents any advice they can. In this way the Nurses' visits are welcomed and not viewed with suspicion.

(17) CO-OPERATION OF VOLUNTARY BODIES.

In this connection mention must be made of the valuable assistance given by the National Society for the Prevention of Cruelty to Children. The following cases were referred to the Society during the year :—

2 cases of Enlarged Tonsils where operation was greatly needed and refused.

2 cases of Scabies in which treatment was neglected.

1 severe case of Impetigo not receiving attention.

6 cases of general neglect.

6 cases of children who had been found, on several occasions, dirty and verminous.

Several visits by the Inspector were required in some cases, but in the end good results were obtained in all.

(18) NURSERY SCHOOLS.

There are no schools of this kind in the Area, and until recently the need for such a school was not great. During the past year, however, the age for admission of children to the Elementary Schools was raised to $4\frac{1}{2}$ years and, as a result, a nursery school would now be a great boon to many young children in the district.

Regarded from an educational point of view, the raising of the age of admission has much to commend it, for teachers tell us that whether a child enters school at 3 or at 5, his educational attainments at the age of 12 will be just the same. The one great argument against closing the school doors to the very young children is that they will not receive the same care as before, and consequently there is the danger that in some cases their health will be impaired. It must be remembered that those who did attend were those whose mothers went out to work or for other reasons could not give them much attention during the day in their homes. In school they were out of danger, well cared for, happy; before they could either read or write they learned much which helped to mould their characters. To-day they are left in the care of neighbours, or elderly relatives, who have not the time nor the energy to keep them under supervision.

They are just at an age when they are certain to get into danger if it is at all possible, and in inclement weather one sees them with wet feet and soaking garments. One feels compelled to recommend that the question of admitting these young children to the Elementary Schools should be again considered, and if this is found to be impracticable, then, as an alternative, the opening of a nursery school might be considered.

(19) SPECIAL SCHOOLS.

There are no Special Schools in the Area, but provision is made by the Local Authority for the education of all educable children who are defective within the meaning of the Elementary Education (Blind and Deaf) Act, 1893, and the Elementary Education (Defective and Epileptic) Acts, 1899 and 1914.

Mentally defective children, who are incapable of receiving proper benefit from the instruction in a certified class or school, are notified to the County Authorities and dealt with by them.

At the present time two children are being educated in Special Schools at the expense of the Local Education Authority. One is a deaf and dumb boy who is in residence at the Royal Schools for the Deaf, Old Trafford, Manchester. The other is a girl who suffers from severe epilepsy. She is being educated at Soss Moss Council School, Manchester. The cost to the Authority for the education of these two children is £122 10s. per annum.

(20) SECONDARY SCHOOLS.

The Junior Technical School is the only Secondary School in the Area. As already mentioned, the medical inspection of the pupils is under the control of the County Authority.

(21) EMPLOYMENT OF CHILDREN.

I have already stated that the employment of children has been reduced considerably since the adoption of the Bye-Laws regulating their employment in January, 1921. The number of half-timers in 1920 was 263. This was reduced to 199 in 1921, to 61 in 1922, and to 6 at the close of last year. In a few months' time the employment of half-timers will have ceased altogether.

Those who remain are children who prior to July, 1921 (being then over 12 years of age), obtained special permission to be employed in this way. They are all girls and are engaged in domestic duties only.

In addition to these half-timers, we have attending school 45 boys (between the ages of 12 and 14 years) who are employed morning and evening in the delivery of milk and newspapers or as errand boys. Their hours of work are limited to an hour in the morning and an hour in the evening, and before he is employed each boy must obtain a certificate from the School Medical Officer stating that such employment will not be prejudicial to his health or physical development and will not render him unfit to obtain proper benefit from his education. 38 boys were given certificates of this kind during the year.

(22) VACCINATION.

The state of vaccination of all children examined since July was noted, and judging from the figures obtained, it is clear that a very large proportion of the children have never been vaccinated. This is a matter of the most serious importance, and is rendered still more serious by the fact that a smaller number of the children are being vaccinated year by year. At the recent inspections I found unvaccinated 44 per cent. of the Leavers, 56 per cent. of the Intermediates, and 68 per cent. of the Entrants.

These figures are alarming in view of the large number of cases of smallpox which have occurred in this country during the past year. The late Minister of Health recently called attention to the protective value of vaccination, and it is to be hoped that his statement to the Press, regarding the risk of smallpox, may have been brought to the notice of those parents who have neglected to confer this simple and most effective protection upon their children.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	133
Intermediates	304
Leavers	267

Total	704
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Number of other Routine Inspections	—
--	---

B.—OTHER INSPECTIONS.

Number of Special Inspections... ..	973
Number of Re-inspections	187

Total	1160
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TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Number of Defects.		Number of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	1	..	2	1
UNCLEANLINESS :	13	..	65	..
SKIN : Ringworm : Scalp	2	..	8	..
Ringworm : Body .....	..	..	4	..
Scabies	3	..	7	..
Impetigo	8	..	73	..
Other Diseases (Non-Tubercular)	2	1	50	5
EYE : Blepharitis	5	..	24	..
Conjunctivitis	1	..	29	..
Keratitis .....	..	..	4	..
Corneal Opacities	1	1	2	2
Defective Vision (excluding Squint)	19	14	28	22
Squint	3	5	19	6
Other Conditions	1	..	11	3
EAR : Defective Hearing.....	1	3	7	2
Otitis Media	8	..	29	..
Other Ear Diseases .....	..	..	1	..
NOSE & THROAT :				
Enlarged Tonsils only.....	19	75	22	83
Adenoids only	1	6	7	12
Enlarged Tonsils and Adenoids	18	23	28	20
Other Conditions	2	..	13	4
ENLARGED CERVICAL GLANDS (Non-Tubercular)	2	12	6	15
DEFECTIVE SPEECH	1	3	..	9
TEETH : Dental Diseases	4	..	7	..
HEART AND CIRCULATION :				
Heart Disease : Organic	7	4	21	6
„ „ Functional....	..	11	8	27
Anæmia	8	..	9	..
LUNGS :				
Bronchitis	11	5	11	2
Other Non-Tubercular Diseases	2	11	2	10
TUBERCULOSIS :				
Pulmonary :				
Definite .....	..	..	..	..
Suspected	2	..	1	..
Non-Pulmonary :				
Glands.....	1	2	3	4
Spine	1	..	..	..
Hip .....	..	..	2	..
Other Bones and Joints .....	..	..	1	1
Skin .....	..	..	1	..
Other Forms .....	..	..	..	..
NERVOUS SYSTEM :				
Epilepsy .....	..	..	1	..
Chorea .....	..	..	..	..
Other Conditions .....	..	..	..	..
DEFORMITIES :				
Rickets	1	2	2	6
Spinal Curvature .....	..	..	..	..
Other Forms	6	2	7	7
OTHER DEFECTS & DISEASES	13	10	122	7

TABLE II.—Continued

B.—Number of Individual Children Found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children		Percentage of Children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups :—			
Entrants	133	19	14·3
Intermediates	304	68	22·4
Leavers	267	62	23·2
Total (Code Groups)	704	149	21·2
Other Routine Inspections.....	—	—	—

TABLE III.
Return of all Exceptional Children in the Area.

			Boys	Girls.	Total.	
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.....	..	..	..
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.....	..	..	..
		Attending Public Elementary Schools	1	..	1	
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	Deaf (including deaf & dumb & partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the deaf	1	..	1
			Attending Public Elementary Schools
At other Institutions.....			..	..	..
At no School or Institution .....			..	..	..
(ii.) Suitable for training in a School or Class for the partially deaf.		Attending Certified Schools or Classes for the deaf .....	..	..	..
		Attending Public Elementary Schools	2	..	2	
		At other Institutions.....	..	..	..
		At no School or Institution.....	..	..	..
Mentally Defective.		Feeble minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children
			Attending Public Elementary Schools	2	..	2
	At other Institutions.....		..	..	..
	At no School or Institution		1	..	1	
	Notified to the Local Control Authority during the year.	Feeble minded .....	..	..	..
		Imbeciles .....	..	..	..
		Idiots.....	..	..	..
		Attending Certified Schools (Special) for Epileptics .....	..	1	1
	Epileptics.	Suffering from severe epilepsy.	In Institutions other than Certified Special Schools.....
			Attending Public Elementary Schools
Suffering from epilepsy which is not severe.		At no School or Institution .....	..	..	..
		Attending Public Elementary Schools	3	..	3	
At no School or Institution .....		..	..	..
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	..	1	
At other Institutions .....			..	..	..
		At no School or Institution	1	..	1	
Physically Defective.			Infectious, Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board
		At Certified Residential Open-Air Schools
	At Certified Day Open-Air Schools..	..		..	..
	At Public Elementary Schools.....	2		2	4	
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At other Institutions .....	..	..	..
		At no School or Institution .....	..	..	..
		At Certified Residential Open-Air Schools .....	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility anæmia, etc).	At Public Elementary Schools.....	21	13	34	
		At other Institutions .....	..	..	..
At no School or Institution		1	..	1		
At Sanatoria or Hospital Schools approved by the Ministry of Health or Board.....		..	2	2		
Active non-pulmonary Tuberculosis.	At Public Elementary Schools.....	..	..	..
	At other Institutions .....	..	..	..
	At no School or Institution .....	..	1	1	
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools .....	..	..	..
At Certified Residential Cripple Schools .....		..	..	..
At Certified Day Cripple Schools....		..	..	..
At Public Elementary Schools.....		13	2	15		
At other Institutions.....		..	..	..
At no School or Institution		2	3	5		

TABLE IV.

Return of Defects treated during the year ended 31st December.

TREATMENT TABLE.

GROUP I—MINOR AILMENTS (excluding Uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp	10	...	10
Ringworm, Body	3	1	4
Scabies	7	3	10
Impetigo.....	78	3	81
Other Skin Disease	49	3	52
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	70	7	77
Minor Ear Defects	42	4	46
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	99	8	107
Total.....	358	29	387

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction—(including Squint)	51	2	2	55
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	...	...
Total	51	2	2	55

TABLE IV.—Continued.

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme.....	45
(b) Otherwise	3

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	11
(b) Otherwise	32

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under Local Education Authority's Scheme. Clinic or Hospital.	By Private Practitioner or Hospital.	Total.		
(1)	(2)	(3)	(4)	(5)
36	4	40	18	58

GROUP IV—DENTAL DEFECTS.

1. Number of Children dealt with.

	Routine Age Groups.										Specials	Totals.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist ...	298	265	317	310	378	366	330	302	276	120	...	2961
b) Found to require Treatment	...										...	2932
(c) Actually Treated .....	...										...	1750
(d) Re-treated during the year as the result of periodical examination	...										...	1133

2. Particulars of Time Given and of Operations Undertaken.

Number of half days devoted to Inspect'n	Number of half days devoted to Treatm't	Total number of Attendances made by the Children at the Clinic.	Number of Perman'nt Teeth		Number of Temporary T'th.		Total Number of Fillings.	No. of Administrations of General Anæsthetics includ'd in (4) and (6).	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
22	135	2924	256	796	2964	255	1051	None	309	30



TABLE IV.—Continued.

GROUP V—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	3
(ii) Total number of examinations of children in the Schools by School Nurses.....	8930
(iii) Number of individual children found unclean	103
(iv) Number of children cleansed under arrangements made by the Local Education Authority	29
(v) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	0
(b) Under School Attendance Bye-laws	0